

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of)
 Krishnan, et al.) For: POWER MANAGEMENT FOR
 Serial No. 09/867,363) SUBSCRIBER IDENTITY
 Filed: May 29, 2001) MODULE
) Group No. 2131

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FEB 24 2005

AMENDMENT

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed December 7, 2004, the period of response for which runs through March 7, 2005, please amend the application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 15 of this paper.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Victoria J. Pacey
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Signature: Victoria J. Pacey



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DATE: February 24, 2005

TO: USPTO Examiner Aravind Moorthy
Group Art Unit No. 2131 Attorney Docket No. 010094

FAX : 703-872-9306

FROM: George C. Pappas

PHONE: (858) 651-1306

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Number of Pages including this cover sheet:

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PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 010094
In Re Application of: Krishnan, et al.
Serial Number: 09/867,363
Filed: May 29, 2001
Examiner: Aravind Moorthy
Group Art Unit: 2131

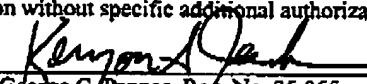
Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	72	72	0	x \$50 =	\$0
Independent**	6	6	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$
EXTENSION FEES		<input type="checkbox"/> One Month		\$120	\$
		<input type="checkbox"/> Two Months		\$450	\$
		<input type="checkbox"/> Three Months		\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$0

4. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$_____.
 The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 24, 2005

Signature: George C. Pappas, Reg. No. 35,065
Phone No. (858) 654-1306/BY
KENYON JENCKES
REG. NO. 41,873

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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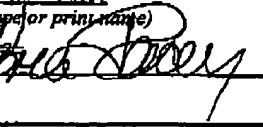
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(TRANSAMID.VRR1.13-04/30/04)